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OCT 29 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: SIEGFRIED KURT BUSS ET AL)
Serial No. 09/670,192) Group Art Unit: 2671
Filed: September 26, 2000) Examiner: Sealey
For: METHOD AND SYSTEM FOR COMPUTER)
AIDED MANUFACTURING MEASUREMENT)
ANALYSIS)

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Number (703) 872-9306 on October 29, 2004

Sheila Smedick

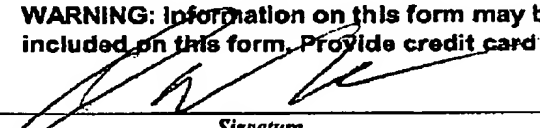
signature

10-29-04
date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

In response to the Office Action mailed August 3, 2004, Applicants request
reconsideration in view of the following amendments and remarks.

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. FAO-0019									
Applicant(s): SIEGRFRIED KURT BUSS ET AL													
Application No. 09/670,192	Filing Date 9/26/2000	Examiner Sealey	Customer No. 23413	Group Art Unit 2671	Confirmation No. 5598								
Invention: METHOD AND SYSTEM FOR COMPUTER AIDED MANUFACTURING MEASUREMENT ANALYSIS													
COMMISSIONER FOR PATENTS:													
Transmitted herewith is an amendment in the above-identified application.				RECEIVED CENTRAL FAX CENTER OCT 29 2004									
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27													
The fee has been calculated and is transmitted as shown below.													
CLAIMS AS AMENDED													
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE								
TOTAL CLAIMS	22 -	24 =	0 x	\$9.00	\$0.00								
INDEP. CLAIMS	10 -	8 =	2 x	\$44.00	\$88.00								
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$88.00								
<input type="checkbox"/> No additional fee is required for amendment.													
<input checked="" type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of \$88.00													
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.													
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130													
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.													
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.													
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
 _____ Signature			Dated: October 29, 2004										
David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 23413			<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td></tr><tr><td colspan="2" style="text-align: center;">(Date)</td></tr><tr><td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td></tr><tr><td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td></tr></table>			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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P11SMALL/REV08